

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty BJS-5006-5
Dkt.

C# M#

VAUTHIER

TC/A.U. 1633

Serial No. 10/533,084

Examiner: Hill

Filed: April 28, 2005

Date: December 23, 2008

Title: COPOLYMER AND HEMOPROTEIN BASED NOVEL COMPOUNDS AND USES
THEREOFAttachments:

- (1) Amendment;
 (2) Declaration Pursuant to MPEP
 § 608.01(p)(1), A.2.1; and
 (3) IDS, PTO-1449 Form & fifteen
 (15) cited references

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment 21 minus highest number
 previously paid for 20 (at least 20) = 1 x \$52.00 \$52.00 (1202)/\$26.00 (2202) \$ 52.00

Independent claims after amendment 1 minus highest number
 previously paid for 3 (at least 3) = 0 x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$

If proper multiple dependent claims now added for first time, (ignore improper); add
 \$390.00 (1203)/\$195.00 (2203) \$

Petition is hereby made to extend the current due date so as to cover the filing date of this
 paper and attachment(s)
 One Month Extension \$130.00 (1251)/\$65.00 (2251)
 Two Month Extensions \$490.00 (1252)/\$245.00 (2252)
 Three Month Extensions \$1110.00 (1253)/\$555.00 (2253)
 Four Month Extensions \$1730.00 (1254)/\$865.00 (2254)
 Five Month Extensions \$2350.00 (1255)/\$1175.00 (2255) \$ 1110.00
 \$140.00 (1814)/\$ 70.00 (2814) \$

Terminal disclaimer enclosed, add

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$ 180.00

Assignment Recording Fee \$40.00 (8021) \$ 0.00

Other: \$ 0.00

TOTAL FEE PAID ELECTRONICALLY BY CREDIT CARD \$ 1342.00☐ **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor
 Arlington, Virginia 22203-1808
 Telephone: (703) 816-4000
 Facsimile: (703) 816-4100
 BJS:pp

NIXON & VANDERHYE P.C.
 By Atty: B. J. Sadoff, Reg. No. 36,663

Signature: _____/B. J. Sadoff/